Federal Update for June 2 – 15, 2016

VA Medical Staff

APRN Utilization

The Department of Veterans Affairs (VA) is proposing a rule which will improve veteran access to care and use of resources. The rule grants full practice authority to Advanced Practice Registered Nurses (APRN) when they are acting within the scope of their VA employment. Full practice authority will help optimize access to VA health care by permitting APRNs to assess, diagnose, prescribe medications and interpret diagnostic tests. This action proposes to expand the pool of qualified health care professionals authorized to provide primary health care and other related health care services to the full extent of their education, training, and certification to Veterans without the clinical supervision of a physician.

APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services. APRNs complete masters, post-master or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist and Certified Nurse Midwife. All VA APRNs are required to obtain and maintain current national certification. b "The purpose of this proposed regulation is to ensure VA has authority to address staffing shortages in the future," said VA Under Secretary for Health Dr. David J. Shulkin. "Implementation of the final rule would be made through VHA policy, which would clarify whether and which of the four APRN roles would be granted full practice authority. At this time, VA is not seeking any change to VHA policy on the role of CRNAs, but would consider a policy change in the future to utilize full practice authority when and if such conditions require such a change," Shulkin said. "This is good news for our APRNs, who will be able to perform functions that their colleagues in the private sector are already doing."

The American Nurses Association (ANA) applauds VHA's leadership for proposing to grant full practice authority to the four types of Advanced Practice Registered Nurses. "VA will be able to more effectively meet the health care needs of our nation's Veterans," said ANA President Pamela Cipriano. "This proposal removes barriers that prevent APRNs from providing a full range of services and will assist VA in its ongoing efforts to address staff shortages and improve Veterans' access to care. APRNs are critical members of the health care workforce and an integral component of the health care delivery system with a proven track record of safe quality care and high patient satisfaction."

The proposal has several physician groups seeing red. "We feel this proposal will significantly undermine the delivery of care within the VA," Stephen Permut, MD, JD, chair of the American Medical Association's (AMA) board of trustees, said in a statement, adding that the association was "disappointed" by the VA's "unprecedented proposal." "All patients deserve access to physician expertise, whether for primary care, chronic health management, anesthesia, or pain medicine ... The AMA urges the VA to maintain the physician-led model within the VA health system to ensure greater integration and coordination of care for veterans and improve health outcomes," Permut said. The proposed rule can be found for comment at www.regulations.gov. [Source: OPIA News Release | May 29, 2016 ++]

VA Medical Marijuana Update

79% of Voters Support Use for PTSD

The Quinnipiac University National poll said that among every party, gender, age or racial group, at least 79 percent of voters expressed support for marijuana to treat PTSD. "The fact that a majority of American voters favors legalizing marijuana in general shows how attitudes about the drug have changed," said Tim Malloy, assistant director of the

Quinnipiac University Poll. Among voters from military households where at least one member is active duty or a veteran, 82 percent of respondents supported marijuana for PTSD. Malloy said the ramifications of PTSD are "life-threatening" and appropriate measures should be taken for doctors to treat PTSD accordingly.

"If you serve your country and suffer for it, you deserve every health remedy available, including medical marijuana in pill form," Malloy said. "That is the full-throated recommendation of Americans across the demographic spectrum, including voters in military households." Additionally, the poll divulged that 89 percent of Americans supported use of medicinal marijuana for any patient, if prescribed legally by a doctor. However, the issue became more contentious when voters were asked if marijuana should be legalized in general: 54 percent supported legalization and 41 percent opposed. The poll was conducted 24 thru 30 May and included 1,561 registered voters nationwide contacted by telephone with a margin of error of plus or minus 2.5 percentage points. [Source: Washington Examiner | Diana Stancy | June 7, 016 ++]

VA Care Assessment Update

A Safety Net for Vets

Veterans are an older and more diverse group than they were 15 years ago, and they are also much more dependent on the health care and other benefits provided by the Veterans Affairs Department, according to a new study. The VA "continues to be a health care safety net for many veterans," concluded a study published in the June 2016 issue of Health Affairs Journal, based on two surveys of vets conducted in 2001 and in 2010. Vets in 2010 were twice as likely as vets in 2001 to have used VA health services, the study found; the 2010 group also were more likely to have applied for VA disability compensation and to have received higher ratings, despite being less likely to have served in a combat zone than those vets surveyed in 2001

The greater reliance on VA services and benefits in the post-9/11 era could partly be due to better technology and VA outreach, the study authors said. But they also found that more VA service users in 2010 had lower incomes, were in poorer health and were more likely to be unemployed than those in 2001, indicating a greater need for a safety net among that population, particularly following the 2008 recession and the passage of the 2010 Affordable Care Act. VA health coverage fulfills that law's health insurance mandate. There are roughly 20 million vets now, fewer than in 2001, and VA provides benefits and services to between 15 percent and 26 percent of that group each year. The numbers and demographics of the population are fluid though, given the aging veteran population, increase in female service members and the growing racial diversity of the armed services. That means their needs and expectations are changing as well.

For instance, the number of vets using VA mental health services alone jumped from just over 700,000 in 2001 to more than 1.2 million in 2010, according to the study. "This increase may be due to collective efforts by the VA, the Department of Defense, and community-based providers to engage veterans in VA health care and improve their access to mental health services," the study's authors, Jack Tsai and Robert Rosenheck said, adding that their results did not support the wide public perception that "post-traumatic stress is a problem among recent veterans especially."

The study underscores the importance of the VA system to a growing, aging and possibly at-risk population at a time of turmoil for the department. VA continues to struggle with the rise in disability compensation claims and appeals, as well as providing timely and quality health care to vets. Then there are the systemic problems it faces in managing its 300,000-plus workforce. As if that weren't enough, a new threat looms: multiple calls from Capitol Hill and elsewhere to completely privatize the VA's health care system. "The VA faces new opportunities and challenges in developing and allocating resources for a changing population of veterans in the next decade," the study concluded, in the understatement of the year about the government's second-largest department. [Source: GovExec.com | Kellie Lunney | June 7, 2016 ++]

VA Commission on Care Update

Tricare-like System for VA Proposal

The Commission on Care was created by Congress in 2014 under the legislation that established the Veterans Choice program. It is tasked with reviewing the VA health system and making recommendations on its future. The panel's final report is due by the end of June but on 7 JUN, commissioners met in Washington to revise a rough draft of the final report. The blue ribbon panel studying the future of Veterans Affairs health care is poised to recommend an overhaul to the system that would create a structure similar to the Pentagon's Tricare program, where veterans could choose to use either the VA for their care or see a network provider. The goal, according to Commission on Care members, would be a more efficient version of the VA's current system, in which the department provides direct care to most veterans, and those who live more than 40 miles from a VA facility or who cannot get an appointment in a month offered private care.

"With the never-ending wait times and the VA secretary doubling down on his comparison to Disney, the time has long passed for the VA to make the necessary changes to ensure that our veterans are treated effectively, seen efficiently, and cared for with respect," McMorris Rodgers said in a released statement. "Veterans should be freed from a system that offers them little or no choice." McDonald was appointed to fix the VA's many problems, including bottlenecks for veterans seeking health care, but many lawmakers are getting frustrated by what they see as a slow pace and steady stream of missteps by the department. The VA's Health Administration now runs more than 1,700 hospitals, clinics and care facilities that serve nearly 9 million veterans. It is the nation's largest integrated health care system. Under Roger's discussion proposal, the health care arm of the VA would turn over its facilities, staff and responsibilities to a newly created Veterans Accountable Care Organization,

Under the draft of the commission's final report, all veterans enrolled in VA care would choose either a primary care provider at the VA or from a civilian network. The plan would do away with the 30-day and 40-mile restrictions of the Veterans Choice program and create networks of physicians to care for former troops who prefer to see non-VA doctors. That draft calls for:

- Creating a new structure, the VHA Care System, responsible for overseeing VHA facilities as well as preferred provider networks managed by contractors.
- An appointed board of directors to provide oversight to the entire Veterans Health Administration consisting of the VA secretary, eight members appointed by Congress, and two members appointed by the president. At least five of the 11 members would be veterans.
- Phasing in the new system, starting in areas where it is most needed.
- Giving VA the authority to close underperforming VA hospitals and clinics. "Under this proposal, [VHA] becomes a care system, a more integrated model where every component of it is designed to deliver the best care to veterans," commission chairwoman Nancy Schlichting said.
- Giving some veterans who received other than honorable discharges access to VA health services. Under the draft, troops who have "substantial honorable service" before they got bad paper discharges would be considered for VA health care eligibility.
- Allowing VA to establish pilot programs that would provide veterans and spouses the option to purchase health care at VA.
- Enrolling all new veterans into VetsCare Choice, which covers private health care. Veterans who are already enrolled in the VA system could opt in or stay with their existing coverage.
- Veterans older than 65 will be enrolled in coverage that will defray Medicare payments.

The estimated costs of these reform proposals were not available on Tuesday, but commissioners tossed out figures ranging from $100 billion to $1 trillion over 20 years. Schlichting said many factors contribute to cost estimates, including demand, cost savings from closures and realignments and improving information technology systems. But, she concurred, the reforms could be pricey. "I think we all agree if we increase choice, we increase costs," Schlichting said. "Given the level of reform we are recommending, [VA] is going to need resources." The department last year began a reform process known as MyVA, which aims to fix issues ranging from health care quality and access problems to information technology problems and the benefits appeals backlog.

The 14-member commission has met 12 times since last September. Its work has been contentious, with veterans organizations, the White House and the VA speaking against any proposals to expand private care for veterans at the expense of VA medical centers and clinics. The commission will send its final report to Congress this month. Whether lawmakers will act on it remains to be seen, however. The Senate and House are considering legislative proposals to change the Veterans Choice program, ranging from expanding it to all enrolled veterans to requiring most veterans use private care.

McMorris Rodgers said, "With this draft legislation, my goal is for veterans to have the ability to choose what health care plan best fits their individual needs. This proposal should serve as the starting point for putting veterans in charge of their health care." The National Association of Uniformed Services (NAUS) comment on the proposal was, "NAUS trusts that this proposal finds adequate shelf space somewhere". [Source: Military Times | Patricia Kime | June 7, 2016 ++]

VA Vet Choice Program Update

Sen. McCain Slams Vet Advocacy Groups

Most of the time, major political figures try to stay on the good side of the nation's leading veterans' organizations, but Sen. John McCain (R-AZ) is comfortable going in a different direction. The Republican senator appeared on his daughter's radio show late last week – just a few days before Memorial Day – and Meghan McCain asked about the need for improvements in the VA system. The GOP lawmaker, facing a tough re-election fight this year, didn't hold back.

JOHN MCCAIN: *I blame some of the old veterans' service organizations like the Veterans of Foreign Wars and the Disabled American Veterans and American Legion. They are against the Choice Card. Why would they be against the Choice Card*
MEGHAN MCCAIN: *Why are they against it?*
JOHN MCCAIN: *They have been co-opted by that system. They have this symbiotic relationship with the VA bureaucracy. For them to say they are against a veteran having a choice to me is unconscionable.*

After expressing his deep "disappointment" with some of the nation's largest advocacy groups working on behalf of veterans, the Republican senator added that veterans of the wars in Iraq and Afghanistan "are best represented by the Concern Veterans of America." The CVA, for those unfamiliar with the group, is a far-right organization funded in part by the Koch brothers' operation, and has been an enthusiastic proponent of privatizing veterans' care. So what's behind John McCain's broadside? Military.com reported last week on the senator's efforts to expand the so-called Veterans Choice Program, which the nation's largest veterans' service organizations are skeptical of for an obvious reason: the goal is to "steer vets to private health care providers."

- *While advocates see expanding the program as a way to provide veterans with more options, the groups – including The American Legion, the Veterans of Foreign Wars, the Disabled American Veterans and Paralyzed Veterans of America – say it would lead to a fraying and shrinking of an integrated managed care system they say serves veterans best.*
- *"The American Legion appreciates Senator McCain's efforts to improve the provision of health care for America's veterans. However, one of the central, core elements of the bill expands care in the community in a way that is concerning," Lou Celli, veterans affairs and rehabilitation division director for the Legion, said Tuesday during a hearing of the Senate Veterans Affairs Committee.*
- *Celli said the Legion supported the Choice Program when it was proposed and passed but not as a broad replacement for VA health care. "Veterans should be provided with the option of receiving care in the community as a supplement to VA health care and not to supplant VA care," he said.*

This, evidently, has sparked the senator's indignation. Obviously, given McCain's decorated and heroic service, he can go after groups like the VFW, the DAV, and American Legion in ways most politicians cannot – but that doesn't mean the senator is correct and the veterans' service organizations are wrong. McCain appears to be pursuing an ideological agenda and it's hardly surprising that these veterans' groups are reluctant to get on board. As for the underlying policy matter, the Washington Monthly reported earlier this year on the results of the "Choice Card" system championed by McCain and other congressional Republicans.

- *The basic idea of the VA partnering more with private providers was not flawed in principle. Indeed, the agency already had programs through which it contracted private doctors to perform certain kinds of specialty care or care in remote regions where it lacked facilities. The VA also had an extensive history of collaborating with academic medical centers. Done right, closer collaboration between VA and non-VA providers could improve care for everyone in many areas.*
- *But the new legislation set in motion a "choice" program in which the government would be paying for bills submitted by private providers for care that was unmanaged, uncoordinated, and, to the extent that it replicated the performance of the private health care system, often unneeded. This is the very opposite of the integration and adherence to evidence-based protocols that has long made VA care a model of safety and effectiveness.*
- *Worse, implementation of the Choice Card was a disaster from every point of view. Congress gave the VA only 90 days to stand up the program. Largely because of that insane time line, the VA was able to attract bids from only two companies. Each of these has a sole contract that gives it a monopoly wherever it operates, and each put together networks that were so narrow and poorly administered that that for many months vets who received Choice Cards typically could not find a single doctor who would accept them.*
- *Over the course of 2015, many of these problems of implementation were at least partially sorted out, but the basic flaw in the model remains.*

This is precisely what John McCain is so desperate to expand – even if that means condemning some of the country's largest veterans' service organizations in the process. [Source: MSNBC | Steve Benen | June 1, 2016 ++]

VA Vet Choice Program Update

VFW|DAV|AL Response to Sen. McCain

Sen. John McCain (R-AZ) attacked the nation's largest and most influential veterans' service organizations on 27 MAY by alleging they were opposed to the Veterans Choice Program that created a new, but temporary, option for veterans to receive health care from non-Department of Veterans Affairs providers. The senator's comments specifically targeted the Veterans of Foreign Wars of the United States, Disabled American Veterans, and the American Legion during an interview on his daughter Meghan's syndicated radio program, America Now.

"Senator McCain was factually wrong when he said our organizations oppose the Choice Program, which all of us supported as part of the VA Access, Choice and Accountability Act of 2014 to address an emergency access to care crisis," said VFW Executive Director Bob Wallace, DAV Executive Director Garry Augustine, and American Legion Executive Director Verna Jones. "The senator also appears unaware of the many reform proposals we have since offered to expand access to community care, improve quality inside the VA health care system, and strengthen accountability throughout the entire VA," they said.

"We do not oppose efforts to increase the use of community care; in fact we have offered our own plans to expand access to non-VA care by developing local networks that integrate the best community providers into the VA system," they said. "What we are against is unrealistic proposals that promise unlimited choice, which in itself is unsustainable, and in reality could force millions of veterans to lose the option to use VA health care, which could ultimately shift the financial cost of care onto every veteran.

"Grandiose proposals such as Senator McCain's plan to give every veteran a Choice Card to purchase unlimited health care in the private sector without any management could cost hundreds of billions of dollars, according to estimates by the Office of Management and Budget. This while Congress balks at spending just a few hundred million to fund critically needed VA hospitals and clinics," they said. "Just because a veteran has a Choice Card doesn't necessarily mean private providers will see them, because they have long wait times, too, and many will not accept low government reimbursement rates," the three executive directors said. "We hope to have the opportunity to work with Senator McCain and others interested in improving veterans' health care. We want to find realistic ways to expand access by supplementing VA care whenever and wherever necessary, while maintaining VA as the premier provider of care for wounded, ill and injured veterans." [Source: VFW Action corps Weekly | June 3, 2016 ++]

VA Vet Choice Program Update

Long Waits for Doctors & Patients

When clinical psychiatrist Cher Morrow-Bradley and other health care providers call the Veterans Choice program, they are greeted with a recorded, 90-second "thank you" from Veterans Affairs Secretary Bob McDonald. It's not having the intended effect. "Why don't you make this easier? The process is so cumbersome, and I have to listen to you thanking me for spending all this time and then I get put on hold," says Morrow-Bradley, adding that she hasn't figured out how to skip the message.

She and many others say this is emblematic of the Veterans Choice program that was intended to quickly work through the backlog of vets waiting for medical care. Anyone more than 40 miles from a Veterans Affairs facility or waiting more than 30 days for an appointment could go get private care outside the VA system. But nearly two years in, there are more vets waiting than before. Health care providers are frustrated with the program, which makes it hard to keep them in the network. Without enough providers to see them, vets end up waiting anyway. Or, in Morrow-Bradley's case, the vets get the care and the doctors don't get paid in a timely fashion, if at all. She moved to North Carolina to work with veterans, first at the VA and now in a small private practice. Previously she gave VA patients care as a private doctor through a program called PC3. When Veterans Choice started in 2014, she was happy to participate, because she knows VA mental health specialists are overwhelmed.

A Satisfied Patient. One Afghanistan vet, Jacob Hansel, gives Morrow-Bradley a rave review. "I believe therapy is stronger than medicine," says the former Marine, who returned from deployment with serious anxiety and depression issues. When the local VA told him it would be a four-month wait for a therapist, he used the Choice program to see Morrow-Bradley. "I have days when I almost have panic attacks. ... A lot of it is just realizing when the anxiety comes; she's helped me figure how to keep it under control," says Hansel. Morrow-Bradley has treated Hansel since last year, along with others in the Choice program. She has submitted her bills to a company called Health Net, which administers Veterans Choice across most of the Eastern United States. "I just assumed I was being paid. I found out six months later I had five, six [thousand dollars] outstanding to Veterans Choice," says Morrow-Bradley. It took her most of a year to get paid. Health Net refused requests for an interview.

Dr. David Shulkin, the head of the Veterans Health Administration, acknowledges this problem has hindered the Choice program in getting providers big and small. "One thing I know is that when you perform a service, when you see a patient, you want to be paid. And these hospital systems don't have the cash flow to be waiting around for months and months to get paid," he says. Shulkin points to one rule that has been scrapped to speed up reimbursement — originally providers wouldn't get paid until they had returned an updated medical record to the VA.

Challenges In Getting Certified. Other providers say they want to join the Veterans Choice program but can't jump through the hoops to get certified. Psychologist Diane Adams devotes a portion of her practice in Renton, Wash., to veterans, saying it's something she considers important. She sees patients at her home office at the midpoint of a steep winding hill. Adams has provided counseling to veterans as part of the VA's community care programs for nearly a decade. Last July, she got a letter inviting her to join the Choice program, from TriWest Healthcare Alliance, the company that administers Veterans Choice in most of the Western U.S. Adams went online together to begin the credentialing process. It all seemed pretty straightforward. "We checked that box and waited and waited," Adams said.

In December, after hearing nothing for five months, Adams finally gave TriWest a call. "I spoke with somebody and yes, they had received my information and they thought, well maybe it's just taking a long time for the contractual process," Adams said. Adams called back again in January and March. Each time a courteous TriWest representative took a message. No one called back. Tri West's chief medical officer, Frank Maguire, acknowledges the Veterans Choice program isn't exactly nimble. "Things have gotten much better but I'll tell you we still have persistent educational confusion issues. The program itself is not uncomplicated," Maguire said. As a result, small mistakes can mean big problems. Turns out, way back, when Adams filled out the first form, she checked the wrong box. And that held everything up. Finally, in March, Adams was informed that she'd been credentialed since January and should have gotten a welcome letter. It never arrived.

Maguire says the program is still new and may need more time. "We think we've done consistently a much better job as time has gone on," Maguire said. "At the same time there's not a lot of patience. People want it perfect right away and it's a new program. I think still needs more time to mature." Now that she's in, Adams faces a new hurdle: Some of her regular veteran patients can't get Veterans Choice to approve visits to see her. Vets are supposed to be able to call the number on the back of their Choice card and get an appointment. But so far it's been like climbing that steep winding hill to her office — more phone calls, more faxing, more forms. "I guess what I'm worried about is what happens to the veterans who can't handle it and they just don't have the internal resources to put up with it and so they throw up their hands and they give up," Adams said.

Interrupting Care. A possible interruption in treatment is a particular problem for mental health care, where continuity is paramount. It's no accident that both Adams and Morrow-Bradley are mental health care providers. That's one of the areas in shortest supply at the VA. Unfortunately the Choice program hasn't been well-suited to fixing that problem. In North Carolina, Morrow-Bradley keeps seeing her Choice patients. Some come free. Others use secondary insurance that at least pays some of the bill. She says she can't just halt treatment. "It's not like I'm a dentist. If I start working on your teeth then you could go [elsewhere to] be seen and the work would be completed," she said. "Post-traumatic stress disorder work is very sensitive. You need to have a relationship with the person; it's stressful for the therapist and the client."

And Healthnet won't authorize enough visits at a time, she says. For patients she needs to see twice a week it would take a new authorization almost every month. "People have been not very interested in participating," said Chuck Ingoglia, with the National Council on Behavioral Health, a group of 2,800 mental health organizations nationwide. He says the Choice program doesn't cover much beyond basic therapy. If you do anything additional you won't get reimbursed. "Participating in the Vets Choice program would limit the kind of robust mental health and substance use treatment they have historically been able to provide to veterans." For those reasons and others, at least two states, Maine and Montana, have taken the extraordinary step of excluding mental health care from their Choice program. They use other programs to pay for it and have sent harshly critical letters to the VA about the Choice program. [Source: NPR | Quil Lawrence | June 6, 2016 ++]

VA Health Care Access Update

Wait Times Creeping Back Up

Wait times for veterans seeking medical appointments at the VA have remained stubbornly stagnant in the past five months, with the number of patients who have waited more than a month to see a doctor topping 505,000, according to newly released data. Of the nearly 6.7 million medical appointments at Veterans Affairs Department facilities nationwide, 92 percent — roughly the same percentage for the past year — were scheduled within a 30-day standard set by Congress in 2014. But the number of veterans who had to wait a month or more was up 23,000 from April, including the 297,013 veterans who have waited one to two months for an appointment. Although VA has implemented the Veterans Choice program, which allows veterans to see a private physician if they can't get an appointment at VA in fewer than 30 days, some clinics and medical centers still struggle to provide patients with timely medical care, the data released Wednesday indicate.

Some hospitals and clinics have no waits. But at other facilities, veterans can wait months. According to the data, those seeking primary care at Evansville VA Health Care Center, Illinois, wait an average 34.6 days. Patients at the Aberdeen, South Dakota, VA clinic wait an average 38.4 days for specialty care, and those at the Fort Benning VA Clinic, Georgia, wait more than 50 days for mental health services. The average wait time across the system as of 15 MAY was 6.89 days for primary care, 10.15 days for specialty care and 4.4 days for mental health appointments, according to the report.

VA Secretary Bob McDonald has said that wait times are not a valid measure of health care services at VA and VA medical centers have a higher than 90 percent patient satisfaction rate, according to surveys taken at kiosks located in the medical centers. He told reporters at a breakfast hosted by the Christian Science Monitor last month that wait time measures can create problems, such as the scandal that enveloped the VA in 2014 when employees maintained alternate appointment calendars to dodge the official system that monitors wait times. VA releases its wait time data roughly every two weeks, providing information for every medical center and clinic in its system.

Under the Veterans Access, Choice and Accountability Act, veterans who face waits of more than 30 days can see a private physician under the Veterans Choice program. But the Choice initiative has come under fire for mismanagement that has prevented patients getting appointments and kept doctors from receiving payment for their services. VA has asked Congress for legislation that would allow the department to consolidate several community care programs under Choice. Several veterans bills now under consideration by the House and Senate contain language that would streamline the program but not give VA the flexibility it seeks to eliminate several outside care programs. Sen. John McCain, R-Ariz., is pressing his colleagues to support legislation that would expand the Veterans Choice program to all former troops enrolled in VA health care. That measure is opposed by the VA and several veterans service organizations who believe it would undermine VA's ability to provide direct medical care, including specialty care for service-connected conditions, to veterans. [Source: Military Times | Patricia Kime | June 3, 2016 ++]

VA VISTA Update

GAO Study Requested on Moderation Effort

The top tech official at the Veteran Affairs Department raised eyebrows earlier this year when she said the agency needed to "take a step back" from a planned upgrade of its long-running electronic health records system, known as VistA. At the time, VA was putting together a business case for various options for the future of "VistA Evolution" and CIO LaVerne Council told lawmakers "we have not made up our minds" about what direction to take with the upgrade. Now, the two top members of a House Oversight and Government Reform subcommittee that handles federal IT management issues want a government watchdog to step in and review VA's plans.

"Given the significance of VA's electronic health record information system to the performance of its health care mission, and in light of VA's repeated attempts to modernize VistA, the subcommittee is requesting information on the efforts to modernize VistA," wrote Reps. Will Hurd, R-Texas, chairman of the IT Operations subcommittee, and Robin Kelly (D-IL), the ranking member, in a May 27 letter to the head of the Government Accountability Office. The lawmakers want GAO to conduct a study of the VistA modernization effort, including a history of past attempts to modernize the home-grown EHR system, which dates back to the 1980s and consists of more than 100 different computer applications. The letter requests a cost breakdown of those previous efforts, "the key contractors that have been involved" and VA's current plans and estimated costs for modernizing the system.

VA doctors and nurses still rate the home-grown IT system highly, though critics contend it is inefficient and outdated. An independent report last fall by the MITRE Corps said VA's in-house system was "in danger of becoming obsolete." There have been numerous attempts over the years to upgrade the system, including an ill-fated effort between VA and DOD begun in 2011 to develop a fully integrated EHR system to be shared by both. In February 2013, faced with ballooning cost estimates, officials backed away from plans for a fully integrated joint system. Instead, the departments decided to continue upgrading their respective systems to make them more interoperable. Later that year, VA unveiled a new plan to upgrade its legacy system -- a modernization effort known as VistA Evolution. But the agency requested less funding for development of the system in its most recent budget request, calling into question the system's long-term future.

"Everyone says it's like tapping the brakes," Council said in a Q&A with FCW last month. "That's not how we see it." The last phase of the VistA Evolution effort runs through 2018, Council said -- and that's still the plan. But she said VA needs to come up with "the next digital health platform," for the long-term future. [Source" Nextgov | Jack Moore | June 2, 2016 ++]

VA OIG Update

Senate Investigation Highlights OIG's Tomah Failures

A Senate investigation of poor health care at a Veterans Affairs Medical Center in Tomah, Wis., found systemic failures in a VA inspector general's review of the facility that raise questions about the internal watchdog's ability to ensure adequate health care for veterans nationwide. The probe by the Senate Homeland Security and Governmental Affairs

Committee found the inspector general's office, which is charged with independently investigating VA complaints, discounted key evidence and witness testimony, needlessly narrowed its inquiry and has no standard for determining wrongdoing. One of the biggest failures identified by Senate investigators was the inspector general's decision not to release its investigation report, which concluded two providers at the facility had been prescribing alarming levels of narcotics. The facility's chief of staff at the time was David Houlihan, a physician veterans had nick-named "candy man" because he doled out so many pills.

Releasing the report would have forced VA officials to publicly address the issue and ensured follow up by the inspector general to make sure the VA took action. Instead, the inspector general's office briefed local VA officials and closed the case. A 35-year-old Marine Corps veteran, Jason Simcakoski, died five months later from "mixed drug toxicity" at Tomah days after Houlihan signed off on adding another opiate to the 14 drugs he was already prescribed.
The 350-page Senate committee report obtained by USA TODAY also chronicles instances where other agencies could have done more to fix problems at the Tomah VA Medical Center, including the local police, the FBI, DEA, and the VA itself, but it singles out the inspector general. "Perhaps the greatest failure to identify and prevent the tragedies at the Tomah VAMC was the VA Office of Inspector General's two-year health care inspection of the facility," the report concludes, adding that despite the dangerous drug prescriptions, the IG did not identify any wrongdoing.

After news reports chronicled Simcakoski's death last year, VA officials conducted another investigation with very different results and ousted Houlihan, a nurse practitioner, and the medical center's director. "In just three months, the VA investigated and substantiated a majority of the allegations that the VA OIG could not substantiate after several years," the committee report notes. Sen. Ron Johnson (R-WI), chairman of the committee, which is holding a hearing on the findings in Tomah on 31 MAY, told USA TODAY the failures were "systemic" and indicative of a troubling pattern. "The reasons the problems were allowed to fester for so many years is because in the inspector general's office, for whatever reason, for years, the inspector general lacked the independence and had lost the sense of what its true mission was, which is being the transparent watchdog of VA system," he said.

The conclusions echo other recent findings about the office tasked under federal law to be an independent watchdog exposing problems at the VA and making recommendations for improvement. The Office of Special Counsel, a federal agency that reviews whistleblower reports of wrongdoing, issued blistering critiques in recent months of the office's investigations in Illinois, Louisiana, and Texas, which it said were incomplete and overly narrow. USA TODAY also has reported that the VA inspector general failed to release the findings of 140 health care investigations and sat on the results of more than 70 wait-time probes for months. While a new inspector general, Michael Missal, took over the office last month and promised comprehensive investigations and greater transparency, the lead investigators on health care remain in place, including John Daigh, the physician who made the decision to keep the Tomah report secret.

A spokesman for the Office of Inspector General, Mike Nacincik, said 27 MAY that IG officials had not finished reviewing the Senate report and so could not comment on the findings. But he said that at the time, Daigh felt it was appropriate not to release the Tomah report when it was finished in 2014 because the investigation did not substantiate wrongdoing. "The OIG has learned important lessons from the Tomah VA Medical Center health care inspections," Nacincik said. Daigh's office opened its Tomah investigation in 2011 after receiving complaints that Houlihan and a nurse practitioner, Deborah Frasher, were prescribing "massive doses of opiates to veterans with post-traumatic stress disorder" and employees feared retaliation if they raised concerns. The complaints also said some patients kept getting early refills, suggesting they were abusing or selling their medications.

Little progress was made on the case until February 2012, when Alan Mallinger, a physician in the inspector general's Washington, D.C., office, was put in charge. It was his first case as lead investigator, the Senate committee found. Over the next two years, he and his team conducted dozens of interviews, pored through more than 225,000 emails and analyzed opioid prescription rates at hospitals and clinics across the Great Lakes region. But they didn't look into whether Houlihan and Frasher were prescribing opiates in dangerous combinations with other drugs – something the VA later concluded was rampant. One of the inspector general's employees who reviewed charts from patients of Houlihan and Frasher actually noted during the investigation "A LOT of polypharmacy – patients on both uppers and downers, would really love to have a pharmacist look at some of these combos."

But that didn't happen because it was outside the scope of the investigation. "The allegation that we had was that he was using opioids to treat PTSD, and that was the allegation we looked at," Mallinger told Senate investigators. They did have independent experts listen to audio of interviews with former Tomah pharmacists who recounted dangerous amounts of narcotics prescribed at the facility and said Houlihan would get hostile if they didn't fill them. The experts told Mallinger's team they were alarmed by what they heard. One said the facility could be in danger of losing its DEA license. But Mallinger said his team did not have those experts review prescription data and could not independently corroborate the concerns with evidence and so discounted them. "It was not valuable in terms of supporting allegations," he told Senate investigators.

In the end, the IG didn't have a standard for deciding when to substantiate allegations and instead decided ad hoc by committee. Their report, released after intense media scrutiny last year, concluded Houlihan and Frasher were among the highest prescribers of opiates in a multistate region, raising "potentially serious concerns." But those conclusions "do not constitute proof of wrongdoing," the report concluded. The IG investigation team had intended all along to publish a public report on the findings, but Daigh decided instead to brief local VA officials and close it privately. "I do not publish reports that repeat salacious allegations that I can't support," he told Senate investigators. "So to write a report with all sorts of accusations that I can't support and throw that into a small community destroys the community and destroys the VA."

After the report was released last year, a separate VA clinical review found Houlihan had failed to meet standards of care in 92% of cases and Frasher failed in 80%, according to a VA report provided to the Senate committee. Houlihan and Frasher could not be reached for comment. Houlihan's lawyer did not respond to a message seeking comment. Houlihan defended his record in an interview with WKOW in March. "I am a good doctor, I do care very much for my patients," he said. "There is a need for good care, great care for our veterans and I think my record really has shown that I've done that." Nacincik, the spokesman for the new inspector general, Missal, said he is reviewing the office's operations "with an eye towards making enhancements." "We believe that our actions will enhance OIG investigations and increase the confidence that veterans, veterans service organizations, Congress and the American public have in the work of the OIG," Nacincik said. [Source: USA TODAY | Donovan Slack | May 31, 2016 ++]

PTSD Update

Study Finds VA 30% Better at Providing Medication

A recent study published online in a journal produced by the American Psychiatric Association found that the VA is up to 30 percent better at providing medication to veteran patients than the private sector is for its patients. That was largely due to the VA's ability to provide a one-stop shop for timely medication to patients with appropriate follow-up care, such as therapy and blood-level checks, to ensure proper medication dosages. Patients in the private sector also have other hurdles like insurance programs that don't cover certain mental health care costs, such as medication associated with mental health disorders.

The study was approved by Congress and funded by the VA. According to one of the primary authors, it compared data from veterans and patients in the private sector who were being treated for five mental health disorders: schizophrenia, bipolar disorder, PTSD, major depression and substance abuse disorders. Dr. Alfonso Carreno, chief of mental health and behavioral sciences at the C.W. Bill Young campus, explained that study findings are partly explained by the fact that the private sector is driven by profits, whereas the VA is not. "In for-profit systems, you have to minimize the costs," said Carreno, whose own brother suffered from a mental health disorder and committed suicide. "Sometimes under those systems, they may say or suggest to providers, physicians and others, 'Only medically necessary testing, please, or in life or death, if you really need it,' even though these tests are recommended by the American Psychiatric Association, or the American Diabetic Association."

The Bay Pines facility is able to see 100 percent of its first-time mental health patient referrals within 30 days, Carreno said. Various specialized mental health programs treated 21,067 unique patients in fiscal year 2015, he said. Dr. Katherine Watkins, a primary author of the study at the RAND Corp., said the study compared more than 830,000 veterans against 545,000 nonveterans. Watkins said that the VA was allowed to review the study before it was published, but that "it was only to check for potential errors in execution. All of the conclusions and interpretations are

from the authors of the study," she said. And all RAND studies, she said, are scrutinized by "at least two external reviewers."

She said many veterans who suffer from various psychological conditions are especially vulnerable, making them more prone to homelessness or drug and alcohol addiction. "It's generally harder to take care of people who are sicker and more economically disadvantaged," Watkins said by telephone from Santa Monica, Calif. "So it's harder to take care of that population. … It either points to how good of a job the VA is doing or how bad of a job the private sector is doing." [Source: Tampa Bay times | Les Neuhaus | May 30, 2016 ++]

Traumatic Brain Injury Update

VA National Vet Exam TBI Review

Secretary of Veterans Affairs Robert McDonald has granted equitable relief to more than 24,000 Veterans following a national review of Traumatic Brain Injury (TBI) medical examinations conducted in connection with disability compensation claims processed between 2007 and 2015. This action by the Secretary allows the Department of Veterans Affairs (VA) to offer new TBI examinations to Veterans whose initial examination for TBI was not conducted by one of four designated medical specialists and provides them with the opportunity to have their claims reprocessed. Equitable relief is a unique legal remedy that allows the Secretary to correct an injustice to a claimant where VA is not otherwise authorized to do so within the scope of the law.

“Traumatic Brain Injury is a signature injury in Veterans returning from the conflicts in Iraq and Afghanistan, and VA is proud to be an organization that sets the bar high for supporting these, and all, Veterans,” said Secretary McDonald. “Providing support for Veterans suffering from a TBI is a priority and a privilege, and we must make certain they receive a just and fair rating for their disabilities.” To ensure that TBI is properly evaluated for disability compensation purposes, VA developed a policy in 2007 requiring that one of four specialists – a psychiatrist, physiatrist, neurosurgeon or neurologist – complete TBI exams when VA does not have a prior diagnosis.

Since 2007, medicine around TBI has been a rapidly evolving science. VA designated particular specialists to conduct initial TBI exams because they have the most experience with the symptoms and effects of TBI. As more research became available, VA issued a number of guidance documents that may have created confusion regarding the policy. VA has confirmed that its TBI policy guidance is now clear and being followed. “We let these Veterans down,” Secretary McDonald said. “That is why we are taking every step necessary to grant equitable relief to those affected to ensure they receive the full benefits to which they are entitled.”

VA understands the importance of an accurate exam to support Veterans’ disability claims. The Secretary’s decision to grant relief will enable VA to take action on any new examinations without requiring Veterans to submit new claims. If additional benefits are due, VA will award an effective date as early as the date of the initial TBI claim.
VA will contact Veterans identified as part of this national TBI review to offer them an opportunity to receive a new examination and have their claims reprocessed. More than 13,000 of these affected Veterans are already receiving service-connected compensation benefits for TBI at a 10-percent disability evaluation or higher, which means that the diagnosis has already been established. [Source: VA News Release | June 1, 2016 ++]

VA Mustard Gas Claims

90% Rejected in Last 10 Years

The military has acknowledged for decades it performed secret mustard gas tests on troops at the end of World War II but a Senate investigation released 31 MAY found 90 percent of related benefit claims have been rejected by the Department of Veterans Affairs. Sen. Claire McCaskill (D-MO) said she discovered shortfalls in the benefits process that took her breath away during a yearlong investigation into treatment of the test victims. The release of her findings is accompanied by a new bill – named after an 89-year-old former soldier from Missouri – that fast-tracks VA benefits for possibly hundreds of survivors.

About 60,000 servicemembers were exposed to mustard gas and another chemical agent called Lewisite as part of a clandestine defense research program in the 1940s. Of those servicemembers, about 4,000 had their entire bodies exposed to the chemical weapons. Mustard gas and Lewisite burn the skin and lungs, are linked to a variety of serious health problems and have been banned by the international community. McCaskill said she believes about 400 of the veterans could still be alive and eligible for benefits. "I think the people who are still living deserve to have their claims met and not denied, and I do think it is important to the families of those who have died for [the VA and Defense Department] to say, 'We believe you'." However, the majority of claims – 90 percent – made from 2005-2015 by potentially exposed veterans were rejected by the VA, McCaskill said.

The VA said it was reviewing the senator's findings. "VA greatly appreciates the service and sacrifices of every World War II veteran, and any veteran who may have been injured in mustard gas testing," the department wrote in a statement to Stars and Stripes. "Nothing is more important to us than serving the veterans who have so nobly served our nation." To be eligible for benefits, veterans must prove full-body exposure and have an illness linked to the chemicals. There are 14 covered health conditions, including lung cancer, heart disease and asthma. So far, only 40 veterans have been granted the health benefits, McCaskill said. Veterans have been frustrated by a lack of documentation, including an incomplete VA and Defense Department database of servicemembers exposed to chemical weapons and differing VA and DOD lists of the military facilities involved in the clandestine testing programs, according to the investigation titled "Cruel and Unusual Service." "It has been very difficult for veterans to reach the very high standards held by the VA for proving this," McCaskill said. "You make it all their responsibility to prove that it happened to them."

The senator unveiled a new bill, the **Arla Harrell Act**, that is named after a Missouri veteran who has been denied benefits four times over the past two decades, most recently in April, the Associated Press reported 30 MAY. Harrell, 89, lives in a nursing home. His repeated claims for compensation have been denied by the VA, as recently as last month. Harrell said he was exposed to mustard gas at a World War II-era military facility in Missouri called Camp Crowder, but the VA has said there is no proof of the testing there. The bill orders an expedited review of Harrell's case and every other denied benefits claim. During the review, the VA must assume all the claimants experienced full-body exposure to the chemicals despite any lack of documentation. The Defense Department would also be required to build a new list of testing sites based on veteran claims and other evidence. McCaskill said the Army Corps of Engineers discovered and has photographic evidence of vials and gas chambers that prove the testing was conducted at Camp Crowder as Harrell has claimed.

VA Secretary Bob McDonald was provided the new evidence last week and directed staff to review Harrell's case, according to the department. "Due to privacy laws as they apply to any public discussion of any individual veteran's claim, we cannot address the specifics of Mr. Harrell's case," the VA statement said. [Source: Stars and Stripes | Travis J. Tritten | June 1, 2016 ++]

Red Cross Vet Assistance

Filling the Military Relief Society Gap

The American Red Cross is testing the idea of providing financial assistance to veterans who don't qualify for help through military agencies. When a veteran has left the military before retirement, he or she isn't eligible for financial assistance through the military relief societies — Army Emergency Relief, Navy-Marine Corps Relief Society, and Air Force Aid Society. The Red Cross is examining how it might fill that gap, said Kevin Boleyn, director of the organization's Hero Care Network. The network includes Red Cross emergency call centers, financial assistance and referrals to other organizations in communities. It is creating a national registry of services for veterans and working on a system where trained case workers can use the registry to connect those in need to the appropriate agencies.

The Red Cross also has reorganized its Service to the Armed Forces division, which will help expand the financial assistance it provides to veterans as well as to active-duty members. It has turned its Springfield, Massachusetts, emergency communications site into a Center of Excellence for Financial Assistance. The center's staff will focus on referring military families and veterans who need financial help. The call centers in Fort Sill, Oklahoma, and Louisville, Kentucky, are still the initial entry points for emergency communications, but financial assistance requests will be

transferred primarily to the Springfield office. These requests generally take more time to process because staff members have to validate them and work with landlords, financial institutions, utility companies and others to prevent eviction, foreclosure and utility shut-offs.

Two pilot Red Cross programs also are underway on a smaller scale. One began in April in Southern California and Clark County, Nevada, helping veterans who need emergency financial assistance. The other began a year ago in western Missouri, helping active duty, retirees and veterans with financial needs that don't qualify under the military relief societies' regulations. Donations from sources other than the military relief societies provide the assistance in these pilot programs. Currently, the Red Cross acts as an agent for the military relief societies when a request comes in after hours, or for service members or retirees who can't get to one of the installation relief societies or live more than 50 miles away. The relief societies reimburse the Red Cross for the financial assistance; the Red Cross pays for administrative costs. "It's one big entire support network, like this quiet safety net under service members and retirees," said Cheri Nylen, director of case work for Navy-Marine Corps Relief Society.

A number of advocates have expressed concern about transitioning service members and their families, who are leaving the military and lose various assistance. The Red Cross has seen an upward trend in requests for help, said spokesman Peter Macias, and that played a role in the organization's focus on the problem. Providing emergency financial assistance to veterans "is definitely a needed service, because the rules change when the service member gets out. They fall into financial traps more," said Letty Stevens, who until recently was a financial coach for veterans in the Hampton Roads area of Virginia. "It can be a pretty desperate situation when they get out, especially if they have debt," she said. One need among Vietnam veterans is assistance in paying for dental work, she said.

Nylen said Navy-Marine Corps Relief Society gets around 15 calls a day from veterans who are not retirees, and thus don't qualify for assistance. "By having this Red Cross network, it will be easier to direct them more quickly. ... This will open up a lot of avenues. Even if it's a clearinghouse, it's helpful because the case workers are so knowledgeable. This will save veterans time, and may make the difference in preventing them from going to a payday lender or becoming homeless," she said. "I hope they can find some dedicated funding from other sources for veterans," she said.

The Red Cross will also direct veterans to groups that may be able to assist them with their particular need. "Sometimes it's a matter of knowing where to go in the community," Boleyn said. Currently if a case worker doesn't have a contact for a veteran who calls for assistance, the veteran will be placed into the community referral process where the local chapter may help with access to a food pantry or other financial assistance, he said. The Red Cross toll-free emergency hotline is 877-272-7337. [Source: Military Times | Karen Jowers | June 6, 2016 ++]

Veterans' Preference Update

NDAA Provision Would Limit Use

Veterans' preference would only apply to a vet's first job in federal service under a provision in the Senate fiscal 2017 Defense authorization bill. The provision, which is new this year, would not allow veterans' preference – a confusing and often controversial factor in federal hiring – to be an advantage in any subsequent federal jobs that an eligible employee applies for. In other words, vets would receive the additional points that veterans' preference confers during the application process for their first jobs in federal government, but not for any future positions within the competitive service. The measure also would affect certain close relatives of veterans, including spouses and parents, who are eligible for veterans' preference under specific circumstances when applying for federal jobs.

While the provision is part of the annual Defense policy bill, it would apply government wide. The House NDAA, which lawmakers in that chamber passed last month, does not contain a similar provision. Many hiring managers, human resources specialists, and veterans do not understand how vets' preference works in federal hiring. It's played a role in complaints filed over whether the benefit -- designed to help former service members find jobs and increase diversity in government – was applied fairly. Veterans and non-veterans have complained about being shut out of government service because of it.

The “rule of three” in competitive service hiring required that eligible vets receive an extra 5 to 10 points during the application process. But since 2010, agencies have increasingly used the “category rating” system (the "rule of three" is still on the books, however) which splits candidates into different “qualified” categories, resulting in a list of the most qualified applicants that HR specialists send to hiring managers. So, if a veteran and a non-veteran are equally qualified for the job, the veteran will prevail because of vets’ preference. But not all applicants have the necessary basic qualifications for a job, and sometimes you might have two qualified vets competing against one another for a job that only one of them will get. Cheston McGuire, press secretary for the American Federation of Government Employees, said by email that the union opposes the proposed change to vets’ preference in the Senate NDAA, and doesn’t support “the limiting of veterans’ preference across government.”

Another provision in the Senate NDAA would repeal the Defense secretary’s authority to waive the 180-day restriction on military retirees leaving the service and taking a civilian job in the department, based on “a state of national emergency.” Lawmakers expressed concern over the influx of military retirees – more than 41,000 -- hired by Defense within 180 days of retiring between 2001 and 2014, according to the Senate Armed Services Committee’s NDAA report. More than one-third of those hires were made before the service member retired, and more than half were appointed within one pay period post-retirement.

“These figures strongly imply a significant number of these members were hired directly into the offices which they supported while in the military,” the report said. “While not improper, per se, it does, as the MSPB report noted, create suspicions.” The committee was referring to a 2014 Merit Systems Protection Board report on veteran hiring into the civil service. “The committee appreciates the unique and broad experience military retirees bring to the civil service, but the committee also recognizes the virtues afforded by career civil servants,” the Senate report said. “Most military retirees and other veterans already receive hiring preferences in recognition of their service. Beyond that, the committee believes veterans and retirees should compete on equal footing with other qualified applicants.” [Source: GovExec.com | Kellie Lunney | June 3, 2016 ++]

Vet Fresh Vegetable Locator

VA Proximity Interactive Map

Looking for fresh veggies? A new interactive map helps veterans find farmers markets near VA medical centers and clinics. Washington, D.C.-based Community Foodworks launched the VA-Farmers Market Finder this month to give Veterans Affairs Department nutritionists and social workers an easy way to refer vets to healthy, affordable food, but anyone can use the map at http://www.community-foodworks.org/veterans

More than 6,000 farmers markets and direct marketing farmers are equipped with the USDA’s Electronic Benefits Transfer system, which allows recipients to transfer their government benefits to pay for products. Veterans who are part of the Supplemental Nutrition Assistance Program can use their SNAP cards to make purchases at the farmers markets. Dalila Boclin, food access and outreach manager at Community Foodworks, said the group pulled the locations of the farmers markets from the USDA database. If a market wants to be added to the map, it can register with the USDA, she said.

In 2015, Community Foodworks launched the Veteran Vegetable Prescription Program, or V2Rx, which provides eligible veterans with vouchers to use each week at farmers markets. A household with one veteran receives $5; a household with two to three receives $10; and a household with three or more vets receives $15. If the households also receive SNAP benefits, they can double their funds. “If you have $15 [in vouchers], then you use $10 of SNAP, you receive a match of another $10,” Boclin said. [Source: Military Times | Charlsy Panzino | May 27, 2016 ++]

Homeless Vets Update

48,000 Nationwide Still Suffer Homelessness

In 2010, federal officials launched an unprecedented plan to end veterans homelessness by late 2015. Now, six months after that deadline was missed, advocates are working to make sure the goal isn’t forgotten altogether. This week, more

than 500 community leaders joined with state and federal leaders to discuss progress and challenges in getting veterans off the streets as part of the annual National Coalition for Homeless Veterans. Much of the conversation focused on continued collaboration among agencies and models for success. But there is also plenty of concern that the end of the initial public push on the issue and looming change in the White House will drain both momentum and support for the effort. “It’s our job to make it clear that there is still work to be done,” said Baylee Crone, executive director for NCHV. “Veterans Affairs had a five-year plan to tackle this, but that was really a pilot program or a testing ground. Their investment in this can’t stop.”

At last count, around 48,000 veterans still struggled with homelessness nationwide. That’s down more than one-third from 2010, but not close to the zero figure officials have been targeting for the last five-plus years. Virginia Gov. Terry McAuliffe urged the conference crowd to keep building out their local networks to sustain progress. “In Virginia, we have built the necessary network to make sure veterans homelessness is rare, brief and most importantly non-recurring,” he said. “But it’s a continuing effort to keep it that way.” New national estimates aren’t expected until late fall. Two states — Virginia and Connecticut — have declared an end to veterans homelessness within their borders, meaning they have enough resources and space to quickly shelter any veteran within need. Twenty-six other cities and communities have also been certified as ending veterans homelessness, including New Orleans, Houston and Philadelphia. But most of them made their declarations last year, and progress in 2016 has been slower.

On 2 JUN, Interim VA Chief of Staff Robert Snyder told the conference crowd that his department’s focus and commitment has not changed. “We’ve made tremendous progress in reducing veterans homelessness,” he said. “Now let’s end it.” Crone said that will require not only sustained financial support from VA, but also improvements in VA operations. National officials still do a better job coordinating services with local charities than regional medical centers and benefits offices. Data sharing among agencies remains spotty and complicated. The department plans to spend about $1.6 billion in homelessness assistance programs in fiscal 2017, money that lawmakers have agreed to support for now but have warned may see drawndowns in the future. And Beverley Ebersold, director of national initiatives for the U.S. Interagency Council on Homelessness, warned the NCHV conference crowd this week that even with continued federal support, “without private sector involvement it will take too long to end veterans homelessness.”

So far, that support has continued. On Wednesday officials from the Home Depot Foundation announced plans to spend $250 million on veterans support programs over the next four years, an extension of their previous investment in homelessness assistance efforts. Crone said she is optimistic about the larger advocacy community’s effort to solve the problem, as long as they can stay focused on their goal. “For a long time, we were only really doing maintenance on the issue, and that wasn’t good enough,” she said. “When (President) Obama and (former VA Secretary Eric) Shinseki announced the goal of getting to zero, it changed the way we talked about veterans homelessness. “We didn’t accomplish that yet. But we can.” [Source: Military Times | Leo Shane | June 2, 2016 ++]

Atomic Vets Update

Retro Report | Operation Hardtack I

In 1958, Frank Farmer was a young sailor on the USS Hooper Island, one of many deckhands who took part in an operation so secret, they couldn’t talk about it for almost 40 years. Afloat in the Pacific, the ship participated in Operation Hardtack I, a series of 35 nuclear tests conducted in the throes of the Cold War arms race with the Soviet Union. Farmer personally witnessed 18 of the explosions. “You feel the heat blast from it, and it’s so bright, you actually can see your bones in your hands,” Farmer said in a new documentary highlighting the service of thousands U.S. troops who participated in nuclear weapons testing from 1946 to 1968.

The “Atomic Vets” installment of Retro Report, released on Memorial Day weekend, is a collaboration of Reveal News, from the Center for Investigative Reporting and The New York Times. Reveal reporter Jennifer LaFleur said the journalists decided to tackle the year-long project to spotlight a forgotten group of veterans and call attention to their ongoing fight for recognition as well as disability compensation from the Department of Veterans Affairs. LaFleur, whose father served in the Marine Corps and participated in the largest atmospheric nuclear test ever conducted in the continental United States during Operation Plumbbob, was surprised by how little Americans know about the secret

history of the Cold War. “I hope people are able to learn, and the Atomic Veterans could get some sort of recognition as they’ve been fighting for all these years,” LaFleur said.

Following the bombings on Hiroshima and Nagasaki, Japan, that ended World War II, the United States embarked on a nuclear testing program that began at Bikini Atoll in the Marshall Islands and moved to the Nevada desert as well as parts of Alaska, Colorado and Mississippi. The country conducted more than 1,000 nuclear tests before 1996 when the Comprehensive Nuclear Test Ban Treaty was introduced. The precise number of veterans who participated in the tests is a topic of debate but could be as high as 400,000, according to LaFleur. They have never received any commendations or ribbons related to their service and many have had to fight for health care benefits to treat illnesses they believe are related to ionizing radiation exposure.

The VA has deemed a number of cancers as presumed to be related to radiation exposure, meaning that a veteran who develops a recognized disease doesn’t need to prove a connection between his or her illness and their military service. VA has designated several other diseases as associated with radiation exposure but the veteran must provide proof of exposure during the claims process. Many have been denied, however, and more are not recognized as Atomic Veterans because their military records were lost or they participated in post-test cleanup that isn’t considered by VA as part of the group. “The veterans who went back to the Marshall Islands [in the 1970s] are fighting for health care and benefits,” LaFleur said.

One of the veterans interviewed for the video at https://vp.nyt.com/video/2016/05/29/40294_1_retro-atomic-vets_wg_360p.mp4 and http://nyti.ms/1X7hiuP, Army engineer Steve Harrison, said he spent months moving dirt and concrete on the island of Runit, where a concrete dome covers the debris. “One of my buddies there just recently came down with lung cancer,” Harrison said. “There were (a) number of guys, though, that are sick with different kinds of cancers, skin rashes, and they’re all being denied by the VA,” Harrison said. Last November, Rep. Mark Takai (D-HI) introduced a bill that would extend health benefits and disability compensation to those who served on cleanup crews. Sens. Al Franken (D-MN) and Thom Tillis (R-NC) introduced similar legislation in April.

Although the film focuses on the plight of a specific group of military veterans, LaFleur says it is likely to resonate with troops who have been exposed to other environmental toxins while serving in the military, from chemical testing in World War II to Cold War biological testing, Agent Orange, nerve and mustard gas, tainted vaccines, burn pits and depleted uranium. Her father, Lee LaFleur, died in 2012 of heart disease but had Parkinson’s for much of his life. He never completed an application for VA benefits, she said. “The one thing that came off from all these guys is even though many of them feel they were guinea pigs, they don’t regret their service at all and are very proud to have served this country,” LaFleur said. [Source: Military times | Patricia Kime | June 2, 2016 ++]

Vet Brains Sought

Battle Related Disorders Study

Brain scientists in Washington state are asking the families of armed services members to consider one last contribution. Researchers at the University of Washington and the local Veterans Affairs health care system have begun collecting the donated brains of service members to examine for possible dementia and other disorders linked to repeated blast injury and head trauma. The program, the Pacific Northwest Brain Donor Network, is aimed at understanding the impact of mild traumatic brain injury on active-duty military members and veterans. "We are going to study these brains to the full extent that we are capable," said Dr. C. Dirk Keene, who leads the neuropathology core at UW Medicine. "They are so rare, so valuable and just so precious, and can give us so much information about what these exposures mean."

Keene and his colleagues, including Dr. Elaine Peskind, who co-directs the Mental Illness Research, Education and Clinical Centers at the Puget Sound Veterans Administration hospital, will look for signs that service members with mTBI also may have developed disorders including Alzheimer's disease or CTE (chronic traumatic encephalopathy). CTE has received wide attention recently after a large number of former American football players were diagnosed with the neurological disorder. Like football players, troops who suffer repeated concussions or other head trauma may develop the debilitating condition, which is diagnosed only after death. But, so far, little research has confirmed any military

connection. "What's been published previously is on the brains of five Iraq veterans," Peskind said. "Another paper will be published soon with another five veterans. There's just nothing out there."

Since the program started in March, researchers have acquired three brains. They include donations from one military veteran, a middle-age man who was not exposed to blast injury, and a military contractor, a woman, also middle-age, who worked in a war zone. The donations also include the brain of Cody Duran, 30, of Lakewood, who died 5 APR from an unknown cause, said his mother, Victoria Padron. "I donated everything," she said. "Whatever they could use, they could have." Padron's son wasn't a veteran, but his young brain will serve as a control, an example of normal tissue against which scientists will measure changes. For every brain from a veteran that researchers acquire, they'll also need the brain of someone who didn't serve, Keene said. Researchers expect to receive one brain a month for the study.

The brains will be stored at UW's brain bank, which already holds about 2,000 brains donated to study dementias and other diseases of aging. Although there are at least eight brain banks across the U.S., none is focused on studying military injuries, Keene said. One reason is that many brain banks focus on collecting samples from people with fatal disorders, such as Alzheimer's disease. Participants in those studies know their fate and agree in advance to donate their brains after death. "The approach we have to take for our service veterans is very different, because they are young people and we don't expect them to die soon," Peskind said. For Padron, the request to donate her son's brain within days of his death was a "bizarre question," she said. But she quickly agreed because it was what her son, a father of three young children, would have wanted. "That's how Cody was, a super-generous person," she said. "By giving his eyes, his eyes will continue living. By giving his brain to science, learning will continue." Information from the study will be open to other researchers, Keene said.

The pilot study was paid for in part by a $30,000 grant from the federal Alzheimer's Disease Research Centers obtained by Dr. Desiree Marshall, an assistant medical examiner at the King County Medical Examiner's Office who has also been working with Peskind. Combining the study of military injuries with dementias and other disorders makes sense, Marshall said. It will be interesting to see whether the brains of veterans have signs of chronic traumatic encephalopathy, including a newly defined marker, a particular brain lesion caused by abnormal accumulations of proteins called tau. Tau proteins are considered a prime cause of Alzheimer's disease. The goal now is to increase the number of brains collected and to find more funding, either through philanthropy or grants, the researchers said. "It's so limited, the amount of information we have now," Marshall said. "Each brain, each case, is going to be so important." [Source: The Seattle Times | Jonel Aleccia | May 29, 2016 ++]

NDAA 2017 Update

BAS Amendment SA 4237

Five senators have proposed legislation to help offset the effects on troops if commissary prices increase under proposed changes to the decades-old method of pricing groceries. Sen. Jim Inhofe (R-OK) filed an amendment 26 MAY that would require defense officials to produce a report on whether to change the rates for Basic Allowance for Subsistence if commissaries increase grocery prices. Co-sponsors for the amendment are: Sens. Joe Donnelly (D-IN), Orrin Hatch (R-UT), Tim Kaine (D-VA), and Mike Rounds (R-SD).

Currently, commissaries sell items at the cost from the manufacturer or distributor, plus a 1 percent charge to cover spoilage and loss and a 5 percent surcharge. Proposals working their way through the House and Senate would allow commissaries to set prices, marking them up or down, in order to make a profit that would be used to offset the cost of operating commissaries. In 2016, it costs taxpayers $1.4 billion to operate commissaries worldwide. Service members' basic pay and Basic Allowance for Subsistence don't vary by location, nor do commissary prices, but defense officials reportedly are considering a plan that would set the prices — and savings — to the local market. Thus, the price of a can of peas, for example, might be higher in some geographic areas than others.

In 2016, the Basic Allowance for Subsistence is $368 a month for enlisted members, and $253 a month for officers. The allowance is meant to offset costs of a service member's meals. It's not intended to offset costs of meals for family members. Inhofe's proposal would require DoD to submit a report to Congress by March 31, 2017, on the feasibility of changing the amount of BAS. The report would include an assessment of the potential for price increases at

commissaries, and an assessment of changing BAS in light of potential price increases, including different BAS rates in different locations.

According to DoD's legislative proposal, laying out the fundamental changes in how the commissary benefit is delivered, the current pricing system — selling all items at cost — "constrains sales margins and limits potential savings benefits across disparate geographic markets." It will become clearer once senators decide on whether the Inhofe amendment will be considered or not. In a 70-28 vote, senators voted 7 JUN to defeat a proposal by the Senate Armed Services Committee to conduct privatization pilot programs at commissaries at five major installations, similar to what that committee proposed last year. [Source: Military Times | Karen Jowers | May 29, 2016 ++]

VA Structure Update

H.R. | Convert VHA to Non-Profit Corp

A member of the House Republican leadership on 7 JUN introduced a bill to completely overhaul the way veterans receive health care, in part by turning the Veterans Affairs Department's health care component into a government-chartered nonprofit corporation. The **Caring for our Heroes in the 21st Century Act**, introduced by Rep. Cathy McMorris Rodgers (R-WA), the chairwoman of the House Republican Conference, would create the Veterans Accountable Care Organization to manage the VA's brick and mortar health care facilities. It also would launch the Veterans Health Insurance Program to manage VHA's insurance programs, creating two separate entities to handle VA's payer and provider functions. The bill, which she introduced as a "discussion draft," would:

- Seek to expand choice for veterans by creating a "premium support" model to receive care from non-VA sources. Critics contend that premium support is a voucher system that cuts benefits and leaves veterans on their own to receive care.
- Create significant changes for the 330,000 employees of the Veterans Health Administration. The new government corporation would have "more latitude to reward high performers, fire poor performers and monitor the quality of overall veteran health care delivery," an individual briefed on the bill told Government Executive. Veterans would be able to choose either the VetsCare Federal program -- allowing them to continue receiving care exclusively though the traditional VA system -- or VetsCare Choice -- which would provide them with subsidized private care. Those choosing the latter option could still opt to go to facilities run by the corporation (VACO) to receive care for service-related injuries.
- Open up the Federal Long Term Care Insurance Program, currently only available to federal employees and administered by the Office of Personnel Management, to the entire veteran population.

McMorris Rodgers also wants an independent commission to identify underutilized VA facilities for closure, while giving Congress final veto power. The commission would have to ensure that veterans located in areas with scheduled facility closures would not experience diminished access to care. The 15-member commission would oversee the implementation of the law generally and continuously monitor veterans health care to make recommendations to Congress and VA for future reforms.

The proposal in many ways mirrors a "strawman report" issued by seven members of the Commission on Care, a panel created by the 2014 Veterans Access, Choice and Accountability Act to suggest a new path forward for VHA. The full commission is holding its final meeting this week before it issues its recommendations at the end of the month. While the authors of the strawman report say they were simply seeking to align the VA with the needs and desires of veterans, most veterans service organizations -- such as the American Legion and Veterans of Foreign Wars -- oppose the proposals.

Garry Augustine, executive director of the group Disabled Veterans of America, told Government Executive in April that a focus on private care would rob future veterans of the all-inclusive assistance he received upon returning from Vietnam, ranging from vocational training to educational assistance to rehabilitation. "If I was just given a card and told to go get this taken care of, I would've been lost," Augustine said. He also suggested the proposals would lead to a deficiency of hospitals and clinicians equipped and trained to deal with issues specific to veterans. "Some of these injuries don't show up in the private sector that often," he said. Augustine added that he does not philosophically

oppose augmenting integrated care, but cautioned that the providers must become familiar with the intricacies of receiving government reimbursements before accepting veteran patients.

Concerned Veterans for America, a conservative-aligned group controversial for its ties to Republican mega-donors Charles and David Koch, threw its support behind the measure. CVA's Vice President for Political and Legislative Action Dan Caldwell said the bill would "give every veteran eligible for VA care the ability to choose where he or she receives care." "The reality of the VA's failure is undeniable," Caldwell said. "The department is not structured to provide timely, sustainable care to veterans, and is in desperate need of 'system-wide' reform. The Caring for Our Heroes in the 21st Century Act will reverse the tide of inefficiency and failure at the VA while offering veterans the health care choice they deserve." He said he expects dissension from the "usual chorus" of special interests and "entrenched bureaucrats" but called on Congress to "do the right thing" and support the bill. John Cooper, a CVA spokesman, said the bill would enable veterans to use the same facilities and see the same doctors, "with the only difference being how those clinics and doctors are managed." Congress would continue its oversight and funding responsibility for the newly created government corporation.

The reforms are unlikely to receive President Obama's support or a veto-proof majority, making the chances for passage of McMorris Rogers' bill dim. Obama told The Colorado Springs Gazette earlier in June he would not support any move toward VHA privatization. "The notion of dismantling the VA system would be a mistake," Obama said, touting the progress he said his administration has made in improving the department since the waitlist scandal was unearthed in 2014. Nevertheless, that the third-ranking House member in the Republican Party would throw her weight behind the transition shows the political winds may be blowing in that direction. [Source: GovExec.com | Eric Katz | June 7, 2016 ++]

Discharge & Examination Processing Update

ADSEP Policy Change

To protect Sailors and Marines suffering with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) or any other diagnosed mental health condition, Secretary of the Navy Ray Mabus has made his department the first in the military to assure such conditions are considered before separating a service member. Previously a service member's misconduct took precedence over diagnosed mental health conditions when considering separation, which impacted the veteran's ability to receive benefits. Now, if it contributed to the misconduct, the medical condition will take precedence. Effective immediately, Sailors and Marines being processed for any type of involuntary administrative separation (ADSEP) who have a diagnosed mental health condition may be referred into the Disability Evaluation System.

Additionally, if the Sailor or Marine is being administratively processed under provisions that authorize a characterization of service of other than honorable, the case must be referred to the first general officer/flag officer in the chain of command for a final determination. Any service member previously separated under similar circumstances may also petition to have their discharge reviewed through either the discharge review board or Board for Correction of Naval Records (BCNR). "It is one of the great maxims of naval history that Sailors and Marines are the sea services' greatest advantage and most important asset. For more than a decade, we've asked a tremendous amount of our people and their families," Mabus said. "In turn, we have a responsibility to support their needs, whether they are serving the Navy and Marine Corps mission around the globe or transitioning from uniformed service to civilian life."

Mabus signed the new policy into effect during a visit to the Steven A. Cohen Military Family Clinic at the NYU Langone Medical Center, a Cohen Veterans Network (CVN) clinic in New York. CVN describes its mission as striving "to improve the quality of life for veterans and their families, including Guard and Reserve, by working to strengthen mental health outcomes and complement existing support, with a particular focus on post-traumatic stress." "Keeping faith with veterans under all circumstances is our solemn vow," said Mabus. "It is vitally important to address those service members whose separation is a result of PTSD/TBI. Mabus later in the day formally announced the policy signing at an event hosted by the Veterans on Wall Street (VOWS) initiative. For more information on the Naval Discharge Review Board, visit www.secnav.navy.mil/mra/CORB/pages/ndrb/default.aspx. [Source: http://www.navy.mil/submit/display.asp?story_id=94996 | June 1, 2016 ++]

Federal Pay Update

Disabled Vet Sick Leave

Disabled veterans who are former federal employees and return to a civilian job in government could be eligible for a new type of leave to attend medical appointments. The 2015 Wounded Warriors Federal Leave Act gives 104 hours of sick leave up front to first-year feds who are vets with a service-connected disability rating of at least 30 percent to attend medical appointments related to their disability. It applies to those hired on, or after Nov. 5, 2016, and lasts for 12 months from the date of hire. But according to the Office of Personnel Management, the law also could apply to eligible disabled vets who once worked in the federal government, left, and were rehired to a civil service job on or after Nov. 5, when the law takes effect. Federal employees who take a break from their civilian jobs to serve in the military and are injured during that service also would be eligible for disabled veteran leave, according to a proposed rule OPM published in the Federal Register on Monday.

For disabled vets in those categories, the amount of leave they receive for medical appointments would be offset by any existing sick leave they had. So, if the disabled vet is re-employed with the government and has 30 hours of existing sick leave from his prior job, then his disabled veteran leave bank would include 74 hours to attend medical appointments related to his service-connected injury. OPM said that the law did not require an interpretation of "first day of employment" to mean an individual's first-ever appointment with the federal government.

"Some individuals could have small amounts of past federal service before military service, and we do not believe that Congress would have intended to automatically disqualify them from receiving disabled veteran leave benefits," the proposed rule said. "Thus, the proposed regulations would cover certain reappointments as triggering the first day of employment, which in turn triggers the 12-month eligibility period to use disabled veteran leave. At the same time, given that Congress intended the 104-hour leave benefit for those with an initial balance of zero sick leave hours, any sick leave restored to an employee's credit upon reappointment will be taken into account in determining the amount of disabled veteran leave that should be credited." OPM also said it would calculate the correct number of leave hours for those eligible disabled vets who are part-time or seasonal employees, since the 104-hour benefit is based on a full-time employee's work schedule. "This approach is consistent with OPM's administration of annual and sick leave accrual for employees with different types of work schedules and ensures equitable treatment of employees," the rule stated.

The Wounded Warriors Federal Leave Act directs agencies have to create a separate leave category – apart from regular sick leave – for eligible employees. During their first year on the job, those vets would still accumulate their normal sick leave. The employees only would be able to use their disabled veteran leave for treatments directly related to their service and would not be able to carry over the one-time "wounded warrior leave" after the first 12 months on the job. The benefit under the law applies only to those newly-hired feds who are covered under Title 5 leave provisions, and includes employees of the Postal Service and Postal Regulatory Commission. Non-Title 5 disabled veteran employees, including those at the Federal Aviation Administration and Transportation Security Administration, are not eligible for the new benefit. Many jobs at the Veterans Affairs Department, for instance, also are not covered under Title 5. Title 5 governs most, but not all, of the federal personnel system.

Prior to the new law, full-time federal workers in their first year on the job did not have access to sick leave until they had been in the job long enough to earn the benefit, typically accruing four hours of such leave per pay period. That amounts to a balance of 104 hours at year's end. But disabled vets, who must attend regular medical appointments to maintain their health and to continue receiving their veterans' benefits, can burn up their sick leave quickly. Current federal employees who are disabled veterans also are not eligible for the new type of leave. Those workers qualify for other types of leave and flexibilities to receive treatment for service-connected disabilities, including leave without pay, annual leave, sick leave, advanced sick leave, alternative work schedules, and telework. Those seeking to comment on the proposed rule have until July 6. [Source: GovExec.com | Kellie Lunney | June 6, 2016 ++]